



Cochrane Minor Hockey Association  
Box 1033, Cochrane, AB T4C1B1  
403-932-9341

## DRIVING WAIVER

I understand the recommendations put forward by Cochrane Minor Hockey for players wishing to transport themselves to practices as outlined in the CMHA Driving Policy.

I have read the CMHA Driving Policy, and we the parents of \_\_\_\_\_  
(player's name) take full responsibility for my daughter/son's transportation. I do not and will not hold Cochrane Minor Hockey or any coaches liable for any accident or injury that may occur during the transportation to/from the off-site activity. **My daughter/son will not transport any other players.** I accept Cochrane's Minor Hockey's insurance does not apply during the transportation portions of the trip, and my son/daughter is only covered from when he/she arrives at the sponsored off-site activity, until he/she leaves the off-site activity.

\_\_\_\_\_  
Parent/Guardian Name Parent

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date